

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028478

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4049

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in 1b
50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 8431 Lydia

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
William T. Lehman

4. DATE OF DEATH Month Day Year
July 16, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
6-22-1876

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Self employed

11. BIRTHPLACE (City and state or country)
Oak Grove, Ill.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Daniel Lehman

13b. MOTHER'S MAIDEN NAME

Elizabeth Mueller

14. NAME OF HUSBAND OR WIFE

Minnie Lehman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
George Lehman 605 W. 90 Terr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic pulmonary Emphysema and Fibrosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-13-63 to 7-16-63 and last saw her alive on 7-16-63
Death occurred at 4:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Date of title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

7-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

7-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Belton Cemetery

23d. LOCATION (City, town, or county)

Belton, Missouri

(State)

24. FUNERAL DIRECTOR

Muehlebach

ADDRESS

6800 Troost

25. DATE RECD. BY LOCAL REG.

7-18-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert G. Landes

Licensed Embalmer No.

5103

P. O. Address

K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.